

11/04/98
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PTO/SB/50 (12-97)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	30566.57USRE 526096
	First Named Inventor	Brian D. Gant
	Original Patent Number	5,572,639
	Original Patent Issue Date (Month/Day/Year)	November 5, 1996
	Express Mail Label No.	EL140907958US
	Total Pages	86

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input checked="" type="checkbox"/> Transfer drawings from Patent File	
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) <i>(if applicable)</i>	
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 CFR 1.175)(PTO/SB/51 or 52)</i>		10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>	
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) <i>(PTO/SB/53 or PTO/SB/54)</i> or <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		11. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		12. <input checked="" type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		14. <input checked="" type="checkbox"/> Other: Check No. 1371 for \$2372. <i>to cover Reissue filing fee.</i>	

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below		
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

30566.57USRE

09/186270

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 81	**** 57 = x \$ ____ =	or		x \$22 =	\$ 1254.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 7	* 4 = x \$ ____ =			x \$82 =	\$ 328.00
Basic Fee (37 CFR 1.16(h))				\$ ____			\$ 790.00
Total Filing Fee				\$ ____		OR	\$ 2372.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee				\$ ____		OR	\$ ____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____.
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0494.
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A check in the amount of \$ 2372.00 to cover the filing / additional fee is enclosed.

Nov. 4, 1998

Date

Signature of Applicant, Attorney or Agent of Record

George H. Gates

Typed or printed name